

PCMH Quality Metrics Subcommittee  
Meeting Summary  
August 10, 2016

Attendees

**Kathy Myers**, DPHHS  
**Anna Buckner**, Montana Medicaid  
**Kristen Schuster**, Glacier Medical Associates  
**Derinda Grimshaw**, Bozeman Health  
**Patty Kosednar**, Health Technology Services  
**Jody Haines**, Providence Health and Services  
**Dr. Janice Gomersall**, Community Physicians Group  
**Paula Block**, MPCA  
**Desa Osterhout**, Blue Cross Blue Shield of Montana  
**Erwin Austria**, Blue Cross Blue Shield of Montana  
**Ashley Coldiron**, Southwest Montana Community Health Center  
**Jan Bechtold**, Billings Clinic  
**Lisa Schmidt**, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau  
**Karl Vanderwood**, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau  
**Carolyn Perry**, MTPHHS- Immunizations Section  
**Jessica Cotton**, Southwest Montana Community Health Center  
**Heather Zimmerman**, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau  
**Carrie Oser**, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau  
**Todd Harwell**, MT DPHHS-Public Health and Safety Division Administrator  
**Betsy Seglum**, Glacier Community Health Center

CSI Staff

Amanda Roccabruna Eby  
Catherine Wright

The subcommittee reviewed and discussed the first draft of the 2017 quality metric reporting guidance. Prior to the meeting, CSI staff distributed the Draft Guidance Cover Sheet, Draft Reporting Form, Draft Guidance, and GPRO flow charts for tobacco and depression measures.

**BLOOD PRESSURE:** An attendee suggested deleting the italicized note regarding the diagnosis codes because it is no longer applicable since the guidance isn't aligned with PQRS. CSI staff asked generally about the codes, if they were correct and if they were all needed. An attendee commented that if a clinic is using the eQCM auto aggregate report then the codes are redundant and not needed because the defined patient population is already built into the report. The ICD-9 codes are no longer needed because ICD-10 went into effect October of 2015. However, all the other codes are needed for clinics to build a patient-level report. Billings Clinic commented that a new list of codes is sent out every year and sometimes they change. The Montana PCMH Program guidance will have to ensure to maintain/modify the codes as necessary. Kristen Schuster offered to be CSI Staff's point person on updating codes that change.

**TOBACCO:** An epidemiologist pointed out adding "of calendar year 2016" to the denominator language for specificity. The note on the codes also needed to be deleted. CSI staff directed the subcommittee's attention to a flow chart for clinics doing GPRO reporting that explained how a clinic should numerator

and denominator populations. Patty interjected that there are different flow charts that the subcommittee should consider specific to the eQMs rather than GPRO reporting. She emailed them to Amanda and several members of the subcommittee to consider at the next meeting in September. There is a flow chart for each measure that shows how to pull the correct patients for the measure and it includes all patients in the clinic, not just Medicare patients like PQRS GPRO reporting.

**DIABETES:** The only edits were to remove the ICD-9 codes and the italicized note on the codes. The group approved the rest of the language for the measure. CSI staff asked Patty and the public health staff if diabetes logic error that was in last year's guidance had been resolved. No one was sure on this so Patty was going to look into it and report back at the next meeting.

**IMMUNIZATION:** This measure is changed significantly from the previous year to now align with **CMS117v4** rather than the CDC measure. The new measure is for two-year-olds while the previous one allowed for a catch-up year to immunize children and measured three-year-olds. The other major difference is additional immunizations that were not included before: Hepatitis A, Rotavirus, and Flu. The denominator criteria excludes patients with a "medical contraindication" and includes patients who "refused." Therefore, the group agreed to delete the "note" on documenting those cases separately. There was some confusion on the meaning of the "allergic reaction" language in the numerator and why it wouldn't be considered a medical contraindication; this discussion would be continued at the next meeting when the subcommittee reviews the flow chart. Paula Block noted that CHCs doing UDS reporting will have the same guidance because UDS is aligning with the CMS eQMs and the immunization measure changed from age three to age two. Carolyn Perry from the DPHHS Immunizations Section noted the people should be aware and prepared for the rate of immunized children to go down with the change to this measure since there is no catch up year and there is no catch up for the Rotavirus vaccine, it must be done by eight-months-old.

**DEPRESSION:** CSI staff pointed out some updates. There is less detail in the eQM measure with the specific types of screening tools and types of follow-up plans removed. Paula Block noted that the evidence-based practices for depression screening are evolving all the time and practices are doing so many different things on this measure that it is good not to specify the specific types of each.

The subcommittee informally approved the updated guidance with the small suggested edits to codes and other text that needs to be deleted. At the next meeting, the subcommittee will review updated materials including the flow charts for each measure, and determine the data elements for patient-level reports. After the patient-level data elements are determined in September, the subcommittee will finalize the complete guidance packet in October for recommendation to the stakeholder council.

**Please note: the September Quality Metrics Subcommittee meeting is a week earlier than the regular schedule, it will be September 7<sup>th</sup> at 12:00 pm.**